

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

2001 JUL 19 P 4:49

1 ACCOUNT #	2 Total pages filed:												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 33%;">TITLE</td> <td style="width: 33%;">FIRST ERNEST</td> <td style="width: 33%;">MI</td> </tr> <tr> <td>NICKNAME</td> <td>LAST MARTINEZ</td> <td>SUFFIX</td> </tr> </table>	TITLE	FIRST ERNEST	MI	NICKNAME	LAST MARTINEZ	SUFFIX						
TITLE	FIRST ERNEST	MI											
NICKNAME	LAST MARTINEZ	SUFFIX											
4 ORIGINAL REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Final report</td> <td></td> </tr> </table>	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	
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<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)												
<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report												
5 ORIGINAL PERIOD COVERED	<table style="width: 100%;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td colspan="3">04/05/01</td> <td colspan="3">06/30/01</td> </tr> </table>	Month	Day	Year	Month	Day	Year	04/05/01			06/30/01		
Month	Day	Year	Month	Day	Year								
04/05/01			06/30/01										
6 EXPLANATION OF CORRECTION	<ul style="list-style-type: none"> • SHOULD HAVE SUBMITTED C/OH INSTEAD OF GPAC • RECALL <u>CONTRIBUTIONS (ITEMIZED)</u> 												

7 AFFIDAVIT

AFFIX NOTARY SEAL ABOVE



I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

[Signature]

 Signature of Candidate or Officeholder

Sworn to and subscribed before me by **Ernest Martinez** this the **19th** day of **July**, 2001.

to certify which, witness my hand and seal of office.

Melinda S. Lopez

 Signature of officer administering oath

Melinda S. Lopez

 Printed name of officer administering oath

Notary

 Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

em

\$ 1050.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

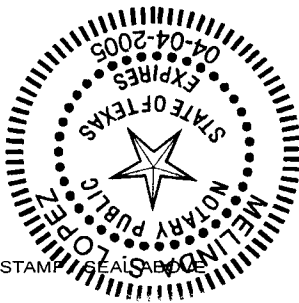
OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP HERE

Ernest Martinez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ernest Martinez, this the 19th day of July, 20 01, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **7-19-01**

2 FILER NAME

ERNEST MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-1-01

5 Full name of contributor

☐ out-of-state PAC (ID#)

MACHINISTS NON-PARTISAN PAC

6 Contributor address; City; State; Zip Code

**1111 W. MOCKINGBIRD LN. STE
DALLAS, TX 78247 1351**

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3-6-01

Full name of contributor

☐ out-of-state PAC (ID#)

KEN WILEY

Contributor address; City; State; Zip Code

**311 ST. MARCOS
SAN ANTONIO, TX 78205**

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-11-01

Full name of contributor

☐ out-of-state PAC (ID#)

LEMUEL MARTINEZ

Contributor address; City; State; Zip Code

**9537 CLAREMONT AVE NE
ALBUQUERQUE NM 87112**

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5-2-01

Full name of contributor

☐ out-of-state PAC (ID#)

ROSE MARY SALINAS

Contributor address; City; State; Zip Code

**755 FULTON
SAN ANTONIO TX 78212**

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5-2-01

Full name of contributor

☐ out-of-state PAC (ID#)

RUTH ORTIZ

Contributor address; City; State; Zip Code

**8967 Seacliffe
San Antonio TX 78242**

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		Total pages this Schedule A1: 1	
2 FILER NAME ERNEST MARTINEZ		3 ACCOUNT # (Ethics Commission filers) 0051	
4 Date 5-2-01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ELIZABETH ZAPATA	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8967 S. C. St Dr. San Antonio TX 78242			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 5-2-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANTONIO AZUNA	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5318 Sherry Dr. San Antonio TX 78242			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

ERNEST

J.

NICKNAME

LAST

SUFFIX

MARTINEZ

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

446 DRAKE AVE

SAN ANTONIO TX 78204



Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

ANTHONY TORRES

NICKNAME

LAST

SUFFIX

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6014 SHANDEN CREST

SAN ANTONIO, TX 78240

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 614.8338

8 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign treasurer appointment (officeholder only)



July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

04/05/01

THROUGH

Month

Day

Year

06/30/01

10 ELECTION

ELECTION DATE

Month

Day

Year

5/5/01

ELECTION TYPE



Primary



Runoff



General



Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

CITY COUNCIL

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

N/A

☐ additional pages

GO TO PAGE 2

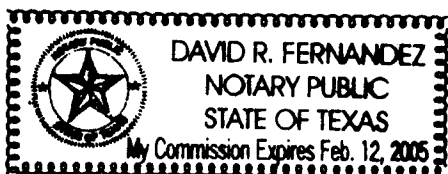


GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME		We The People Campaign		ACCOUNT #
13 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported		
		B. Opposed		
	2. Measures (describe by date and location of election and nature of issue)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)			
	14 NO REPORTABLE ACTIVITY <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)			
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1050.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$	50.00	
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2084.04	

16 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Anthony Torrez

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anthony Torrez, this the 16th day of July, 20 01, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

David R. Fernandez
Printed name of officer administering oath

N.P.
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

ERNEST J. MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

4.17.01

5 Full name of contributor

☐ out-of-state PAC (ID#)

LEMUEL L. MARTINEZ

6 Contributor address; City; State; Zip Code

9537 CLAREMONT AVE NE
ALBUQUERQUE, NM 87112

7 Amount of
contribution (\$)

50.00

8 In-kind contribution
description (if applicable)

01 JUL 19 10:23 AM

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5.2.01

Full name of contributor

☐ out-of-state PAC (ID#)

ROSE MARY SALINAS

Contributor address; City; State; Zip Code

8967 SEA CLIFF DR. 755 FULTON
SAN ANTONIO TX 78242

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

01 JUL 19 10:23 AM

Principal occupation (Optional)

Employer (Optional)

Date

5.2.01

Full name of contributor

☐ out-of-state PAC (ID#)

RUTH ORTIZ

Contributor address; City; State; Zip Code

8967 SEA CLIFF DR.
SAN ANTONIO, TX 78242

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5.2.01

Full name of contributor

☐ out-of-state PAC (ID#)

ELIZABETH O. ZAPATA

Contributor address; City; State; Zip Code

8967 SEA CLIFF
SAN ANTONIO, TX 78242

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5.2.01

Full name of contributor

☐ out-of-state PAC (ID#)

ANTONIO OZUNA

Contributor address; City; State; Zip Code

5318 SHEPPY DR.
SAN ANTONIO, TX 78242

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME*ERNEST J. MARTINEZ***3** ACCOUNT # (Ethics Commission filers)**4** Date*4-5-01***5** Payee name*SW Bell Telephone***7** Amount (\$)*50.00***6** Payee address; City; State; Zip Code*SAN ANTONIO, TX***8** Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

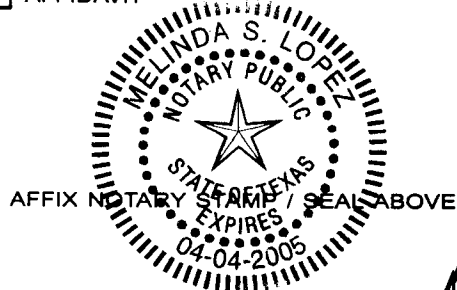
FORM COR-C/OH

CITY OF SAN ANTONIO
CITY CLERK

2001 JUL 19 P 5:08

See backside for instructions

1 ACCOUNT #	2 Total pages filed:																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 33%;">TITLE</td> <td style="width: 33%;">FIRST ERNEST</td> <td style="width: 33%;">MI</td> </tr> <tr> <td>NICKNAME</td> <td>LAST MARTINEZ</td> <td>SUFFIX</td> </tr> </table>	TITLE	FIRST ERNEST	MI	NICKNAME	LAST MARTINEZ	SUFFIX												
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NICKNAME	LAST MARTINEZ	SUFFIX																	
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<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)																	
<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit																		
<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)																		
<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report																		
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Month	Day	Year	Month	Day	Year														
6 EXPLANATION OF CORRECTION	<div style="text-align: center; font-size: 1.2em;"> • added itemized contributions • added \$50.00 </div>																		

7 AFFIDAVIT

AFFIX NOTARY SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Ernest Martinez this the 19th day of July, 20 01.

to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

ERNEST MARTINEZ

4 Date

3-1-01

5 Full name of contributor

☐ out-of-state PAC (ID#)

MACHINISTS NON-PARTISAN PAC

6 Contributor address; City; State; Zip Code

1111 N MAKINGBIRD LN SE
DALLAS, TX 78247 17577 Amount of
contribution (\$)

500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3-6-01

Full name of contributor

☐ out-of-state PAC (ID#)

KEN WILEY

Contributor address; City; State; Zip Code

311 ST. MARYS
SAN ANTONIO, TX 78205Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-17-01

Full name of contributor

☐ out-of-state PAC (ID#)

LEMUEL MARTINEZ

Contributor address; City; State; Zip Code

9537 CLAREMONT AVE NE
ALBUQUERQUE NM 87112Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5-2-01

Full name of contributor

☐ out-of-state PAC (ID#)

ROSE MARY SALINAS

Contributor address; City; State; Zip Code

155 FULTON
SAN ANTONIO TX 78212Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5-2-01

Full name of contributor

☐ out-of-state PAC (ID#)

RUTH ORTIZ

Contributor address; City; State; Zip Code

8067 Seacliffe
San Antonio TX 78242Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2001 APR 20 12 44 59
Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

SPINCEST
J.
MARTINEZ

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

446 DRAKE

SD TX 78204

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

ANTHONY TEPPEL

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

6418 SNOWDEN CREST

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 614 8338

8 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer
appointment (officeholder only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

/ /

/ /

10 ELECTION

ELECTION DATE

Month

Day

Year

5 / 5 / 01

ELECTION TYPE

☒ Primary

☐ Runoff

☐ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

CITY COUNCIL

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission file)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

WE THE PEOPLE CAMPAIGN

COMMITTEE ADDRESS

ANTHONY TORRES

COMMITTEE CAMPAIGN TREASURER NAME

OSK SNOWDEN CREST

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 17.00 —

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

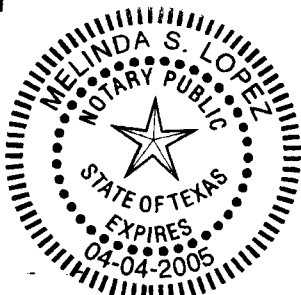
\$ 2467.11

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2694.68

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ERNEST MARTINEZ, this the 30 day of APRIL, 20 01, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction guide explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
Total pages this Schedule A1: 50

2 FILER NAME

ERNEST J. MARTINEZ

3 ACCOUNT (Ethics Commission files)

APR 30 1 4 50

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID# _____)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**RECEIVED
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CITY CLERK

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2001 APR 30 P 4:59

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a
financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

11 Maturity date

12 Description of Collateral

☐ none13 GUARANTOR
INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**

POLITICAL EXPENDITURES*SEE ATTACHED***SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

ERNEST MARTINEZ SEE ATTACHED

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**SEE ATTACHED
CITY OF SAN ANTONIO
CITY CLERK

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:

200 APR 30 P 4:59

3 ACCOUNT # (Ethics Commission files)

2 FILER NAME

ERNEST MARTINEZ

4 Date

5 Payee name

8

Amount
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

N A

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

8 Amount
(\$)

6 Payor address; City; State; Zip Code

7 Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

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2001 APR 30 P 5:00

1 C/OH NAME

2 ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**-- Complete A & B below *only* if you are a candidate --**A. CAMPAIGN FUNDS**

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.☒ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.**B. ASSETS**

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER**-- Complete this section *only* if you are an officeholder --☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file._____
Signature of Officeholder

ITEMIZED EXPENDITURES INTENDED FOR 'SCHEDULE F'

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CITY CLERK

2001 APR 30 P 5:00

Expenditures - Reporting Period March 27,2001 through April 25,2001				
Date	Payee	Amount	Address	Description
3/30/01	Joyce A. Martinez	\$30.08	San Antonio, Texas	Reimbursement
4/3/01	Plastic Supply Co	\$40.00	San Antonio, Texas	Plastic Bags
4/3/01	Mungia Printers	\$142.00	San Antonio, Texas	Printing
4/3/01	Mungia Printers	\$281.00	San Antonio, Texas	Printing
4/3/01	Office Depot	\$48.52	San Antonio, Texas	Office Supplies
4/4/01	Joyce A. Martinez	\$40.75	San Antonio, Texas	Reimbursement
4/4/01	Handy Andy	\$25.14	San Antonio, Texas	Food/Beverage
4/9/01	PC Mailhouse	\$1,133.65	San Antonio, Texas	Mailout
4/10/01	Plaza Bank	\$305.32	San Antonio, Texas	Loan Payment
4/13/01	Office Depot	\$66.73	San Antonio, Texas	Office Supplies
4/13/01	US Post Office	\$40.80	San Antonio, Texas	Postage
4/14/01	CPS	\$119.50	San Antonio, Texas	Utilities
4/16/01	Joyce A. Martinez	\$107.89	San Antonio, Texas	Reimbursement
4/16/01	HEB	\$26.66	San Antonio, Texas	Food/Beverage
3/30/01	Plaza Bank	\$10.00	San Antonio, Texas	Service Fee
4/14/01	HEB	\$49.07	San Antonio, Texas	Food/Beverage
NOTE: NO expenditure activity after April 14, 2001 through April 25,2001				

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

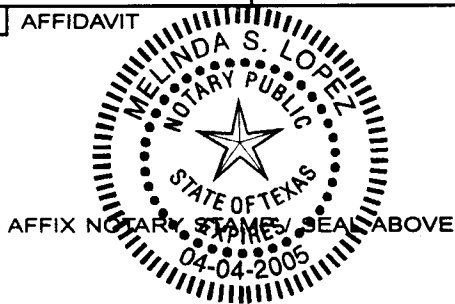
FORM COR-C/OH

 RECEIVED
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CITY CLERK

See backside for instructions

2001 APR 30 P 4: 59

1 ACCOUNT # _____	2 Total pages filed: <u>1</u>				
3 CANDIDATE / OFFICEHOLDER NAME TITLE FIRST MI <div style="text-align: center; font-size: 1.2em;">ERNEST</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">MARTINEZ</div>	OFFICE USE ONLY Date Received _____ Date Hand-delivered or Date Postmarked _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td>Legal</td> <td>Totals</td> </tr> </table> Date Processed _____ Date Imaged _____	Receipt #	Amount	Legal	Totals
Receipt #	Amount				
Legal	Totals				
4 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> 15th day before election <input type="checkbox"/> Final report					
5 ORIGINAL PERIOD COVERED Month Day Year Month Day Year <div style="text-align: center; font-size: 1.5em;">/ / THROUGH / /</div>					
6 EXPLANATION OF CORRECTION <div style="font-size: 1.2em; text-align: center;"> ADD ITEMIZED EXPENDITURE REPORT TO <u>30TH</u> DAY BEFORE ELECTION </div>					

7 AFFIDAVIT

AFFIX NOTARY SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

 Signature of Candidate or Officeholder

Sworn to and subscribed before me by ERNEST MARTINEZ this the 30 day of APRIL, 2001.

to certify which, witness my hand and seal of office.

Melinda S. Lopez

 Signature of officer administering oath

Melinda S. Lopez

 Printed name of officer administering oath

Notary

 Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

2001 APR 30 P 4: 59

Expenditures 30th Day Before Election Report

January 1, 2001 through March 26, 2001

Date	Payee	Amount	Address	Purpose
1/12/01	Mungia Printers	\$ 50.00	San Antonio, Texas	Printing
1/23/01	Sams Wholesale	\$ 105.28	San Antonio, Texas	Supplies
1/24/01	Party City	\$ 40.61	San Antonio, Texas	Event
1/24/01	Maria Urista	\$ 11.50	San Antonio, Texas	Event
1/25/01	Party City	\$ 35.06	San Antonio, Texas	Event
1/25/01	Office Max	\$ 15.10	San Antonio, Texas	Office Supplies
1/26/01	Mungia Printers	\$ 91.59	San Antonio, Texas	Printing
1/26/01	Zubie Wear	\$ 100.00	San Antonio, Texas	Signs
1/29/01	Office Depot	\$ 16.02	San Antonio, Texas	Office Supplies
1/30/01	Jaime P. Martinez	\$ 360.00	San Antonio, Texas	Reimbursement
2/2/01	Joyce A. Martinez	\$ 73.81	San Antonio, Texas	Reimbursement
2/2/01	Joyce A. Martinez	\$ 122.42	San Antonio, Texas	Reimbursement
2/2/01	Jaime P. Martinez	\$ 65.04	San Antonio, Texas	Reimbursement
2/3/01	Juan Vasquez	\$ 50.00	San Antonio, Texas	Office Equipment
2/3/01	Home Depot	\$ 31.45	San Antonio, Texas	Office Supplies
2/3/01	Family Dollar	\$ 69.46	San Antonio, Texas	HQ Supplies
2/3/01	Joyce A. Martinez	\$ 68.46	San Antonio, Texas	Reimbursement
2/8/01	Mungia Printers	\$ 100.00	San Antonio, Texas	Printing
2/8/01	Sylvia Romo	\$ 30.00	San Antonio, Texas	Cross Reference
2/8/01	Zubie Wear	\$ 201.26	San Antonio, Texas	Printing
2/8/01	Guadalupe Lumber	\$ 86.40	San Antonio, Texas	Lumber
2/14/01	Handy Andy	\$ 25.00	San Antonio, Texas	Food/Beverage
2/18/01	Joyce A. Martinez	\$ 105.71	San Antonio, Texas	Reimbursement
2/19/01	CPS	\$ 37.52	San Antonio, Texas	Utilities
2/19/01	Joyce A. Martinez	\$ 27.65	San Antonio, Texas	Reimbursement
2/19/01	Zubie Wear	\$ 250.00	San Antonio, Texas	Printing
2/19/01	Mungia Printers	\$ 200.00	San Antonio, Texas	Printing
2/20/01	Jaime P. Martinez	\$ 576.00	San Antonio, Texas	Reimbursement
2/20/01	Eliseo Perez	\$ 100.00	San Antonio, Texas	Plumbing
2/22/01	Office Depot	\$ 16.30	San Antonio, Texas	Office Supplies
2/23/01	Mungia Printers	\$ 200.00	San Antonio, Texas	Printing
2/24/01	N. Garca	\$ 375.00	San Antonio, Texas	Printing
2/25/01	GS Mailing	\$ 500.00	San Antonio, Texas	Mail Piece Design
3/3/01	Joyce A. Martinez	\$ 900.96	San Antonio, Texas	Reimbursement
3/3/01	Mrs. Posada	\$ 300.00	San Antonio, Texas	Rent
3/3/01	Jose Franco	\$ 50.00	San Antonio, Texas	Photographs
3/3/01	Pedro Ruiz	\$ 50.00	San Antonio, Texas	Photography
3/5/01	Walgreens	\$ 6.28	San Antonio, Texas	Film
3/6/01	Mungia Printers	\$ 200.00	San Antonio, Texas	Printing
3/16/01	Mungia Printers	\$ 250.00	San Antonio, Texas	Printing
3/1/01	Mr. Pencils	\$ 11.42	San Antonio, Texas	Supplies
3/7/01	Anthony Torrez	\$ 300.00	San Antonio, Texas	Reimbursement
3/10/01	Joyce A. Martinez	\$ 188.07	San Antonio, Texas	Reimbursement
3/10/01	Handy Andy	\$ 25.25	San Antonio, Texas	Food/Beverage
3/12/01	SWBT	\$ 110.74	San Antonio, Texas	Phone
3/20/01	Joyce A. Martinez	\$ 81.12	San Antonio, Texas	Reimbursement
3/23/01	CPS	\$ 106.68	San Antonio, Texas	Utilities
3/23/01	Joyce A. Martinez	\$ 28.73	San Antonio, Texas	Reimbursement
3/2/01	Joyce A. Martinez	\$ 66.05	San Antonio, Texas	Reimbursement
3/30/01	Joyce A. Martinez	\$ 30.08	San Antonio, Texas	Reimbursement
4/3/01	Plastic Supply Co	\$ 40.00	San Antonio, Texas	Plastic Bags
4/3/01	Mungia Printers	\$ 142.00	San Antonio, Texas	Printing
4/3/01	Mungia Printers	\$ 281.00	San Antonio, Texas	Printing
4/3/01	Office Depot	\$ 48.52	San Antonio, Texas	Office Supplies
4/4/01	Joyce A. Martinez	\$ 40.75	San Antonio, Texas	Reimbursement
4/4/01	Handy Andy	\$ 25.14	San Antonio, Texas	Food/Beverage
Total		\$ 7,419.43		


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR COH

CITY CLERK

2001 JUL 19 P 5:08

See backside for instructions

1 ACCOUNT #	2 Total pages filed:												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 33%;">TITLE</td> <td style="width: 33%;">FIRST <i>ERNEST</i></td> <td style="width: 33%;">MI</td> </tr> <tr> <td>NICKNAME</td> <td>LAST <i>MARTINEZ</i></td> <td>SUFFIX</td> </tr> </table>	TITLE	FIRST <i>ERNEST</i>	MI	NICKNAME	LAST <i>MARTINEZ</i>	SUFFIX						
TITLE	FIRST <i>ERNEST</i>	MI											
NICKNAME	LAST <i>MARTINEZ</i>	SUFFIX											
4 ORIGINAL REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Final report</td> <td></td> </tr> </table>	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	
<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)											
<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit												
<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)												
<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report												
5 ORIGINAL PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 50%;">Month Day Year <i>01/01/01</i></td> <td style="width: 10%;">THROUGH</td> <td style="width: 40%;">Month Day Year <i>3/26/01</i></td> </tr> </table>	Month Day Year <i>01/01/01</i>	THROUGH	Month Day Year <i>3/26/01</i>									
Month Day Year <i>01/01/01</i>	THROUGH	Month Day Year <i>3/26/01</i>											
6 EXPLANATION OF CORRECTION	<div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p><i>• Add itemized contributions</i></p> <p><i>• Added \$ 3690.00</i></p> </div>												
7 AFFIDAVIT													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">  <p>AFFIX NOTARY SEAL ABOVE</p> </div> <div style="width: 55%;"> <p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">Signature of Candidate or Officeholder</p> </div> </div> <p>Sworn to and subscribed before me by <u><i>Ernest Martinez</i></u> this the <u><i>19th</i></u> day of <u><i>July</i></u>, 20<u><i>01</i></u>.</p> <p>to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <p><i>Melinda S. Lopez</i></p> <p>Signature of officer administering oath</p> </div> <div style="text-align: center;"> <p>Melinda S. Lopez</p> <p>Printed name of officer administering oath</p> </div> <div style="text-align: center;"> <p><i>Notary</i></p> <p>Title of officer administering oath</p> </div> </div>													
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections													



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 5:08

2 FILER NAME

ERNEST J. MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-16-01

5 Full name of contributor

☐ out-of-state PAC (ID#:

JAMES BRANTON

6 Contributor address; City; State; Zip Code

403 EVANS

SAN ANTONIO, TX 78209

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1-19-01

Full name of contributor

☐ out-of-state PAC (ID#:

CECIL MARTINEZ

Contributor address; City; State; Zip Code

1225 S. BRIDGES

SAN ANTONIO, TX 78207

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2-9-01

Full name of contributor

☐ out-of-state PAC (ID#:

CWA COPE PCC

Contributor address; City; State; Zip Code

501 3RD ST NW

WASHINGTON DC 20001

Amount of
contribution (\$)

1000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2-9-01

Full name of contributor

☐ out-of-state PAC (ID#:

PAT MALONEY

Contributor address; City; State; Zip Code

6607 LAUREL HILL

SAN ANTONIO TX 78229

Amount of
contribution (\$)

1000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2-19-01

Full name of contributor

☐ out-of-state PAC (ID#:

LINDA NOLTEMEIR JONES

Contributor address; City; State; Zip Code

115 N. CIBOLO

SAN ANTONIO TX 78207

Amount of
contribution (\$)

80.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
JAN 11 2011

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 5	
2 FILER NAME ERNEST J. MARTINEZ		3 ACCOUNT # (Ethics Commission filer): 265114-500	
4 Date 2-20-01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL PUTMAN 6 Contributor address; City; State; Zip Code 310 S. ST. MARYS SAN ANTONIO, TX 78205	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2-22-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAN POLZA Contributor address; City; State; Zip Code 19107 AUTUMN GARDEN SAN ANTONIO, TX 78258	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2-26-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOE SERNA Contributor address; City; State; Zip Code 756 W. VILLARET SAN ANTONIO, TX 78224	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2-28-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GEORGE CORTES Contributor address; City; State; Zip Code 3118 GOLDSBORO SAN ANTONIO TX 78230	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2-28-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAUL JAVIOR Contributor address; City; State; Zip Code 13120 HWY 87E ADELINS, TX 78101	Amount of contribution (\$) 60.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1
2001 JUL 19 P 5:00

2 FILER NAME

ERNEST MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

2001 JUL 19 P 5:00

4 Date

3-1-01

5 Full name of contributor

☐ out-of-state PAC (ID#)

MACHINISTS NON-PARTISAN PAC

6 Contributor address; City; State; Zip Code

1111 W. MCKINABIRD LN. SE
DALLAS, TX 78247 1357

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3-6-01

Full name of contributor

☐ out-of-state PAC (ID#)

KEN WILEY

Contributor address; City; State; Zip Code

311 ST. MARYS
SAN ANTONIO, TX 78205

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-17-01

Full name of contributor

☐ out-of-state PAC (ID#)

LEMUEL MARTINEZ

Contributor address; City; State; Zip Code

9537 CLAREMONT AVE NE
ALBUQUERQUE NM 87112

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

G/M
7-19-01

Principal occupation (Optional)

Employer (Optional)

Date

5-2-01

Full name of contributor

☐ out-of-state PAC (ID#)

ROSE MARY SALINAS

Contributor address; City; State; Zip Code

755 FULTON
SAN ANTONIO TX 78212

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5-2-01

Full name of contributor

☐ out-of-state PAC (ID#)

RUTH ORTIZ

Contributor address; City; State; Zip Code

8967 Seacliffe
San Antonio TX 78242

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR COH


CITY CLERK

2001 JUL 19 P 5:08

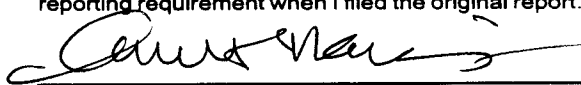
See backside for instructions

1 ACCOUNT #	2 Total pages filed:														
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 33%;">TITLE</td> <td style="width: 33%;">FIRST <i>ERNEST</i></td> <td style="width: 33%;">MI</td> </tr> <tr> <td>NICKNAME</td> <td>LAST <i>MARTINEZ</i></td> <td>SUFFIX</td> </tr> </table>	TITLE	FIRST <i>ERNEST</i>	MI	NICKNAME	LAST <i>MARTINEZ</i>	SUFFIX								
TITLE	FIRST <i>ERNEST</i>	MI													
NICKNAME	LAST <i>MARTINEZ</i>	SUFFIX													
4 ORIGINAL REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Final report</td> <td></td> </tr> </table>	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report			
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<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report														
5 ORIGINAL PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 50%;"> Month Day Year <i>01/01/01</i> </td> <td style="width: 10%; text-align: center;">THROUGH</td> <td style="width: 40%;"> Month Day Year <i>3/26/01</i> </td> </tr> </table>	Month Day Year <i>01/01/01</i>	THROUGH	Month Day Year <i>3/26/01</i>											
Month Day Year <i>01/01/01</i>	THROUGH	Month Day Year <i>3/26/01</i>													
6 EXPLANATION OF CORRECTION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> OFFICE USE ONLY </td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Received</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td style="padding: 5px;">Receipt #</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td style="padding: 5px;">Legal</td> <td style="padding: 5px;">Totals</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table>	OFFICE USE ONLY		Date Received		Date Hand-delivered or Date Postmarked		Receipt #	Amount	Legal	Totals	Date Processed		Date Imaged	
OFFICE USE ONLY															
Date Received															
Date Hand-delivered or Date Postmarked															
Receipt #	Amount														
Legal	Totals														
Date Processed															
Date Imaged															

7 AFFIDAVIT	<p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.</p>
--------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

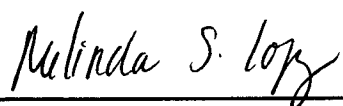


AFFIX NOTARY SEAL ABOVE


 Signature of Candidate or Officeholder

Sworn to and subscribed before me by *Ernest Martinez* this the *19th* day of *July*, 20*01*.

to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Melinda S. Lopez
 Printed name of officer administering oath

Notary
 Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 5:08

2 FILER NAME

ERNEST J. MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-16-01

5 Full name of contributor

☐ out-of-state PAC (ID#:

JAMES BRANTON

6 Contributor address; City; State; Zip Code

403 EVANS

SAN ANTONIO, TX 78209

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1-19-01

Full name of contributor

☐ out-of-state PAC (ID#:

CECIL MARTINEZ

Contributor address; City; State; Zip Code

1225 S. BRIDGES

SAN ANTONIO, TX 78207

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2-9-01

Full name of contributor

☐ out-of-state PAC (ID#:

CWA COPE PCC

Contributor address; City; State; Zip Code

501 3RD ST NW

WASHINGTON DC 20001

Amount of
contribution (\$)

1000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2-9-01

Full name of contributor

☐ out-of-state PAC (ID#:

PAT MALONEY

Contributor address; City; State; Zip Code

6607 LAUREL HILL

SAN ANTONIO TX 78229

Amount of
contribution (\$)

1000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2-19-01

Full name of contributor

☐ out-of-state PAC (ID#:

LINDA NOLTEMEIR JONES

Contributor address; City; State; Zip Code

115 N. CIBOLO

SAN ANTONIO TX 78207

Amount of
contribution (\$)

80.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
JAN 11 2011

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 5	
2 FILER NAME ERNEST J. MARTINEZ		3 ACCOUNT # (Ethics Commission filer): 26511400500	
4 Date 2-20-01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL PUTMAN 6 Contributor address; City; State; Zip Code 310 S. ST. MARYS SAN ANTONIO, TX 78205	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2-22-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAN POLZA Contributor address; City; State; Zip Code 19107 AUTUMN GARDEN SAN ANTONIO, TX 78258	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2-26-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOE SERNA Contributor address; City; State; Zip Code 756 W. VILLARET SAN ANTONIO, TX 78224	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2-28-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GEORGE CORTES Contributor address; City; State; Zip Code 3118 GOLDSBORO SAN ANTONIO TX 78230	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2-28-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAUL JAVIOR Contributor address; City; State; Zip Code 13120 HWY 87E ADELINS, TX 78101	Amount of contribution (\$) 60.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1
2001 JUL 19 P 5:00

2 FILER NAME

ERNEST MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

2001 JUL 19 P 5:00

4 Date

3-1-01

5 Full name of contributor

☐ out-of-state PAC (ID#)

MACHINISTS NON-PARTISAN PAC

6 Contributor address; City; State; Zip Code

1111 W. MOCKINGBIRD LN. SE
DALLAS, TX 78247 1357

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3-6-01

Full name of contributor

☐ out-of-state PAC (ID#)

KEN WILEY

Contributor address; City; State; Zip Code

311 ST. MARYS
SAN ANTONIO, TX 78205

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-17-01

Full name of contributor

☐ out-of-state PAC (ID#)

LEMUEL MARTINEZ

Contributor address; City; State; Zip Code

9537 CLAREMONT AVE NE
ALBUQUERQUE NM 87112

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

G/M
7-19-01

Principal occupation (Optional)

Employer (Optional)

Date

5-2-01

Full name of contributor

☐ out-of-state PAC (ID#)

ROSE MARY SALINAS

Contributor address; City; State; Zip Code

755 FULTON
SAN ANTONIO TX 78212

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5-2-01

Full name of contributor

☐ out-of-state PAC (ID#)

RUTH ORTIZ

Contributor address; City; State; Zip Code

8967 Seacliffe
San Antonio TX 78242

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:														
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%;"> <tr> <td style="width:33%;">TITLE</td> <td style="width:33%;">FIRST</td> <td style="width:33%;">MI</td> </tr> <tr> <td></td> <td>ERNEST</td> <td>J.</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>MARTINEZ</td> <td></td> </tr> </table>		TITLE	FIRST	MI		ERNEST	J.	NICKNAME	LAST	SUFFIX		MARTINEZ		OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 APR -5 12:44:40 </div>		
TITLE	FIRST	MI															
	ERNEST	J.															
NICKNAME	LAST	SUFFIX															
	MARTINEZ																
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%;"> <tr> <td style="width:33%;">ADDRESS / PO BOX;</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:22%;">ZIP CODE</td> </tr> <tr> <td colspan="5">446 DRAKE AVE SAN ANTONIO TX 78204</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	446 DRAKE AVE SAN ANTONIO TX 78204									
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446 DRAKE AVE SAN ANTONIO TX 78204																	
5 CAMPAIGN TREASURER NAME	<table style="width:100%;"> <tr> <td style="width:33%;">TITLE</td> <td style="width:33%;">FIRST</td> <td style="width:33%;">MI</td> </tr> <tr> <td></td> <td>ANTHONY</td> <td>TORREZ</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		TITLE	FIRST	MI		ANTHONY	TORREZ	NICKNAME	LAST	SUFFIX						
TITLE	FIRST	MI															
	ANTHONY	TORREZ															
NICKNAME	LAST	SUFFIX															
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	<table style="width:100%;"> <tr> <td style="width:33%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:22%;">ZIP CODE</td> </tr> <tr> <td colspan="5">6014 SNOWDEN CREST SAN ANTONIO TX 78240</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	6014 SNOWDEN CREST SAN ANTONIO TX 78240								
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7 CAMPAIGN TREASURER PHONE	<table style="width:100%;"> <tr> <td style="width:25%;">AREA CODE</td> <td style="width:45%;">PHONE NUMBER</td> <td style="width:30%;">EXTENSION</td> </tr> <tr> <td></td> <td>(210) 614-8338</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION		(210) 614-8338									
AREA CODE	PHONE NUMBER	EXTENSION															
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9 PERIOD COVERED	<table style="width:100%;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:20%;">THROUGH</td> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td>12</td> <td>31</td> <td>00</td> <td></td> <td>4</td> <td>5</td> <td>01</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	12	31	00		4	5	01
Month	Day	Year	THROUGH	Month	Day	Year											
12	31	00		4	5	01											
10 ELECTION	<table style="width:100%;"> <tr> <td style="width:40%;"> ELECTION DATE Month Day Year 5 / 5 / 01 </td> <td style="width:60%;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 5 / 5 / 01	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special												
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11 OFFICE	<table style="width:100%;"> <tr> <td style="width:50%;">OFFICE HELD (if any)</td> <td style="width:50%;">OFFICE SOUGHT (if known)</td> </tr> <tr> <td></td> <td>CITY COUNCIL</td> </tr> </table>			OFFICE HELD (if any)	OFFICE SOUGHT (if known)		CITY COUNCIL										
OFFICE HELD (if any)	OFFICE SOUGHT (if known)																
	CITY COUNCIL																
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **</p> <table style="width:100%;"> <tr> <td style="height: 40px; vertical-align: top;">Name</td> </tr> <tr> <td style="height: 40px; vertical-align: top;">Address / PO Box; Apt. / Suite #; City; State; Zip Code</td> </tr> </table>			Name	Address / PO Box; Apt. / Suite #; City; State; Zip Code												
Name																	
Address / PO Box; Apt. / Suite #; City; State; Zip Code																	

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

ERNEST MARTINEZ FOR CITY COUNCIL
WE THE PEOPLE CAMPAIGN

COMMITTEE ADDRESS

623 CERALVO #2 SAN ANTONIO TX 78207

COMMITTEE CAMPAIGN TREASURER NAME

ANTHONY TORREZ

COMMITTEE CAMPAIGN TREASURER ADDRESS

6014 SNOWDEN CREST
SAN ANTONIO TX 78240☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7301

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

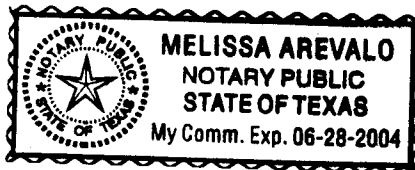
4. TOTAL POLITICAL EXPENDITURES

\$ 9204.79

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 3000.00

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ernest Martinez, this the 5th day of April, 20 01, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Melissa Arevalo
Printed name of officer administering oath

Notary Public
Title of officer administering oath

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME

ANTHONY TORREZ, TREASURER

3 ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

2-21-01

7 Name of lender

PLAZA BANK

☐ out-of-state PAC (ID# _____)**9** Loan Amount (\$)

3000

Is lender a financial institution?

Y

N

8 Lender address; City; State; Zip Code

400 WEST HOUSTON ST.

SAN ANTONIO TX 78207

10 Interest rate

22.481

11 Maturity date

2-25-2002

12 Description of Collateral☐ none**13** GUARANTOR INFORMATION☐ not applicable**14** Name of guarantor**15** Guarantor address; City; State; Zip Code**16** Amount Guaranteed (\$)**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none**GUARANTOR INFORMATION**☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



TEXAS ETHICS COMMISSION AFFIDAVIT

Complete this affidavit if you are raising a defense to late filing.

Filer name <u>Ernest J. Martinez</u>	Account #
-----------------------------------------	---------------

OFFICE USE ONLY	
Date Received	
HD / PM	
Date Processed	
Date Imaged	

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2011 APR -5 P 4:40

I swear, or affirm, under penalty of perjury, that the following statement is in all things true and correct.

statement: Report is not late: An amendment will be filed to add itemized listing of contributions and expenditures.

Ernest Martinez
Signature of filer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Ernest Martinez this the 5th day of April.

20 01, to certify which, witness my hand and seal of office.

Melissa Arevalo
Signature of officer administering oath

Melissa Arevalo
Print name of officer administering oath

Notary Public
Title of officer/administering oath

